

A Trade Union Perspective on **“The New View” of Health and Safety**

by James Frederick, Bud Hudspith, & Gerry LeBlanc

August 2018



Author Notes:

James Frederick is the Assistant Director of Health, Safety and Environment at the USW in Pittsburgh, Pennsylvania in the United States.

Bud Hudspith is the National Health and Safety Advisor for Unite the Union in London, England.

Gerry LeBlanc is the USW Canadian National Office Health, Safety and Environment Department Head in Toronto, Ontario, Canada.

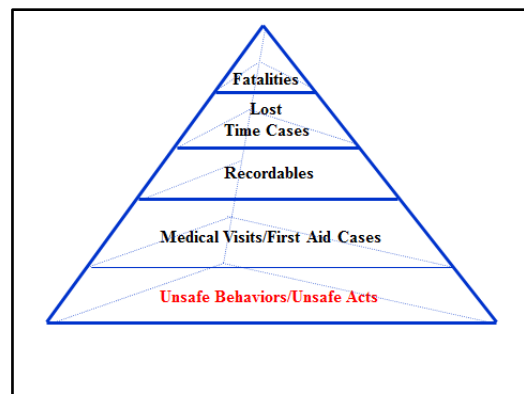
Questions or comments can be directed to Gerry LeBlanc - gleblanc@usw.ca

Introduction and Background

The New View of Health and Safety focuses in part on identifying and controlling hazards, providing a means for systems to fail safely (resilience engineering), and involving workers and their representatives in the process. Workers and Unions have strived to achieve these same goals for years, but have not yet been able to achieve the same traction with employers that the New View of Health and Safety practitioners have accomplished.

For decade’s workers from around the world, their safety representatives, and Trade Unions have experienced significant differences with their management counterparts regarding both problem definitions and solutions related to occupational health and safety management. The most prevalent point of conflict between workers and employers is the erroneous presumption that the predominant cause of injuries is the unsafe act of workers (Manuele 2012). This ill-fated theory stems from the 1930s work of H.W. Heinrich who claimed that 88 percent of accidents are caused by “unsafe acts of persons” (Heinrich 1931).

Heinrich’s work and subsequent work of Frank Bird resulted in the prevalent use of the safety triangle that provides a numerical relationship between major injuries, minor injuries, and no injury events (Bird 1969). Heinrich hypothesized that by reducing minor events the probability of serious injuries and fatalities would be reduced (Manuele 2011). The safety triangle has been further refined by many safety practitioners to display a relationship between small events and serious injuries and in many cases includes unsafe acts of workers. As a Trade Union member stated during the July 2018 Unite Policy Conference, “our employer rolls out a safety pyramid almost every time we convene to talk about occupational health and safety concerns to blame us for the injuries at work.”



This body of work has led to safety management principles, policies and practices that include safety incentive programs (based on low or no injury reporting), post injury drug testing, injury discipline such as accident repeater programs, workplace signs touting the number of days without a workplace injury, and behavioral safety observation programs. These practices have been in place in workplaces in North America and the United Kingdom for decades and continue to be introduced and promoted. Many health and safety practitioners in the Trade Union movement have characterized these programs as “blame the worker” health and safety programs. Trade Union surveys in the past ten years have documented the

prevalence of these programs in a significant number of the workplaces that they represent (United Steelworkers 2016).

Trade Unionists have raised concerns with these blame the worker safety programs for a number of reasons, but the two primary concerns regarding these programs are:

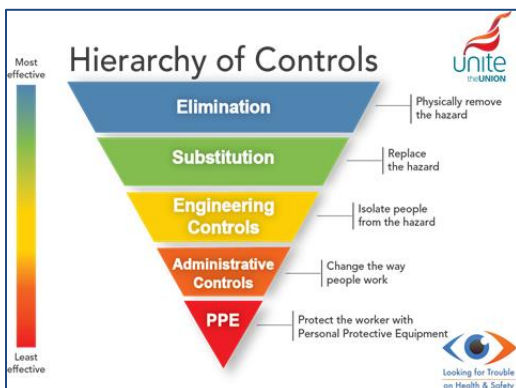
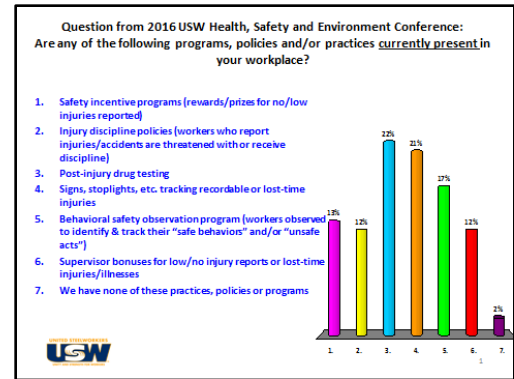
(1) these programs focus attention on fixing the worker rather than fixing the workplace and do not address the causal factors of injuries; and

(2) these programs have led to a reduction in the reporting of injuries, illness, near misses and hazards in the workplace (Frederick 2003).

The reduction in reporting these safety issues likely will be detrimental to workplace health and safety. As Mike Wright, USW H&S Director put it, “It is hard enough to control hazards in our workplaces, but it is impossible to control those that we don’t know about (USW 2015 International Health, Safety and Environment Conference).” These concerns have been particularly evident in serious injury and fatality investigations performed by Trade Unions. One such example is a USW member fatality from 2010. In this tragic incident, John Bergen III was fatally injured when he fell through a chute onto a conveyor and into a hydropulper. The findings of this investigation and recommendations are summarized by the USW on a Hazard Alert that can be found on the USW website. The USW findings demonstrate the need to focus on hazards and controls vs. worker error. (<https://www.usw.org/act/activism/health-safety-and-environment/resources/hazard-alerts>)

When confronted with this blame the worker philosophy, workers, their safety representatives, and Trade Unions have countered with the fact that all work-related illnesses and injuries are a result of exposure to hazards. These hazards are prevalent in the workplace. There are no exceptions (Unite the Union and USW 2007). To this end, workers, their safety

representatives, and Trade Unions have focused on the identification, evaluation and control of hazards and unsafe workplace conditions. They have done this with a health and safety process model that focuses on the identification, evaluation and control of hazards. Trade Unions have included biological, chemical, ergonomic, physical, safety, and work organization hazards in their focus on unsafe work conditions. This process promotes the involvement of workers and their Unions in workplace



safety and health and also places an emphasis on the appropriate use of the generally accepted occupational health and safety hierarchy of controls. This is all part of a Trade Union approach to health and safety. The Trade Union approach has been a successful model for involving Trade Union Representatives and workers in a process of identifying where the hazards exist in their workplaces and encouraging management to properly control these hazards. Generally, Trade Unions believe that this is one pivotal portion of the foundation of an effective health and safety management system.

As part of the Trade Union approach to health and safety, workers and Trade Unions have developed health and safety training programs, injury, illness and near miss investigation programs such as the United Steelworkers Triangle of Prevention (TOP) Program (Oil Chemical and Atomic Workers Union 1997), and comprehensive health and safety systems such as the Looking for Trouble Program from Unite the Union and the United Steelworkers (Unite the Union and USW 2014). Although these Trade Union programs, systems and underlying principles are sound, they have never gained broad traction with employers in the workplaces that the Unions represent.

Success regarding workplace health and safety has been historically defined by safety professionals and others as the absence of injuries and illnesses. In this construct, safe workplaces have few injuries and generally no illnesses reported on their injury and illness logs. In Canada, the U.S. and U.K. charts of employer reporting of work related injuries depict decreasing injury rates in recent decades. This data is often utilized to demonstrate safety improvement and success. Unfortunately, serious injury rate reduction is much lower, and frequency of work related fatalities has remained essentially constant. A USW member recently stated, “We have seen charts of injury rates decreasing at our workplace, but we recently had a fatality.” A second issue regarding a focus on numbers of injuries and illnesses (low numbers appear to be good, and high numbers bad) is that these measurements can be “gamed.” Employer practices that discourage workers from reporting job injuries and illnesses often result in skewed data.

While overall industrial safety has improved since the 1930s it is clear that the rate of reduction of occupational injuries, fatalities and major accidents have plateaued at an unacceptably high level. A new approach is needed to make further progress. It is time to look beyond worker error and equipment failure and consider all factors which potentially impact workplace health and safety.

Many health and safety practitioners are now beginning to look beyond injury rates to other measures as indicators of safety success. New approaches to safety included in the New View genre (e.g. Safety-II, Safety Differently, Human Organizational Performance (HOP) and the New View of Health and Safety) are becoming more common in workplaces. These New View approaches, while all unique, primarily view safety as the presence of safe systems and controls

(capacity) as opposed to the absence of injury and illness. The New View is the application of systems thinking to workplace health and safety. As such, safety and health is an emergent system property resulting from the complex interaction of leadership, managers, processes, culture, procedures, equipment, policies, and workers.

As of 2018, The New View of Health and Safety philosophy and concepts have taken root in some portions of the global occupational health and safety community. Some employers and industries have integrated New View more than others. Simply stated, the new view is based on the presence of controls, the ability to recover safely from an incident, and the importance of worker’s as a resource to improve safety not a problem to be corrected. (Dekker, Conklin). In these models performance variability is not considered something that needs to be addressed.

At a 2017 convening of Trade Union health and safety representatives in the United States, a discussion was held on the New View of Health and Safety to assess its relationship to the Trade Union view of health and safety. From that two day meeting, it was clear that many from the health and safety ranks of the US Trade Unions had integrated some elements of New View into their health and safety programs for decades, but had not called this New View. However, other elements had not yet been considered. Also, some US Trade Unions are interested in integrating New View concepts into what they do. On the other hand, others had negative experiences with the implementation of New View concepts within the workplaces that their organization represents. Some of those representatives that had poor experiences noted that the focus of New View seemed to be solely on the fixing the performance of front line workers, which is completely counter to the New View philosophy.

Other Trade Unions around the globe have been looking into the New View of Health and Safety. Many became interested as a result of their struggles with blame the worker safety programs, their experiences with serious injuries and fatalities, and their desire to move employers in a different direction. Among the Unions that have been examining the New View

**Safety is not the absence
of Accidents.**

**Safety is the presence of
Capacity.**

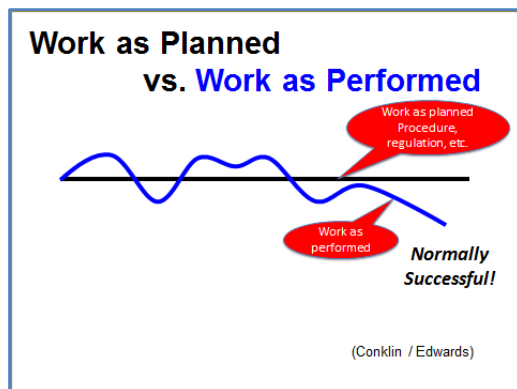
Conklin

of Health and Safety are the United Steelworkers (USW) in North America and Unite the Union in the United Kingdom.

Unite the Union and the USW health and safety representatives contend that many elements of the New View of Health and Safety are consistent with what they have long promoted, and as such are extremely compatible with their view of the Trade Union approach to health and safety. This paper examines three elements of the New View of Health and Safety and compares them to the Trade Union approach to health and safety.

Work as planned vs. work as performed

Work as planned (or imagined or designed) is a blueprint of how operations personnel envision work (particular jobs, tasks, etc.) will be carried out. Work as performed is how the work is actually done during production or maintenance operations or what workers have to do to get the job done. In an ideal world one would think the two should match perfectly, at least most of the time. However, in almost any operation, it is virtually impossible to anticipate and develop procedures for all possible variations in work processes. In reality there are many influences that can affect workers’ decision-making including: unanticipated variations in the process, time pressures, inadequate resources, inadequate procedures, past work experience, and perception of risk. These factors result in deviations from the work as planned.



The vast majority of the time that work is done it results in the work output being successfully completed and workers moving onto the next task. This is normal work. Workers adapt to do the work and do it over and over again. This happens in essentially every type of workplace with every type of worker. However, sometimes something happens, something goes wrong and the result is an upset condition and maybe an illness or injury to a worker.

The work as imagined or designed from the organization are comprised of the work plans and procedures that exist in the workplace (the black line on the graph). The way that the worker performs the work is work as performed (the blue line on the graph). The difference between the two is referred to as the performance gap (referred to as drift by some practitioners).

In the old paradigm it was often assumed that work as planned was ‘correct’ and therefore the focus was stricter compliance with procedures by the workers. The New View challenges management to understand how and why work is done the way it is done to allow

for improvements in work as planned and for changes in the work as done by the workers having a better understanding of the work as designed and better communication with those involved in the design and planning. A USW member recently stated during a training program, “The blue line helps show how we have always done our work. Policies and procedures rarely can be followed because they are incomplete, don’t make sense or are too out of date.”

Learning from work

In the New View construct, when an organization seeks to understand how work is actually performed, they talk to people who do the job. Trade Union health and safety representatives have always promoted the engagement and involvement of workers and their safety representatives, and have maintained that good audits or walk-around inspections must include listening to workers issues and concerns. Too often, when employers try to manage safety, they focus on the few cases that go wrong rather than the many that go right (EUROCONTROL 2013).

New View practitioner Todd Conklin contends that Workers are as safe as they need to be, without being too safe, in order to be productive (Conklin 2012). When work does not go as planned workers make changes to get the job done. This happens organically in the workplace on an ongoing basis. When they are engaged, workers can help others to understand the job from their perspective. Studying normal work provides interesting insight about work as performed.

The vast majority of work processes are completed successfully day after day, time after time. When these successes are examined they provide insight to the organization of the factors that contribute to success. If the good operation is ignored, the organization does not receive the benefit of a wealth of knowledge.

Learning from normal work provides organizations with opportunities to not only find issues that they were not aware of, but also can allow the organization to identify factors that are essential to successful operations and that may be spread throughout the organization to make operations more successful.

Trade Union health and safety representatives have practiced this for years. These representatives recognize that the most important tools that we bring to any workplace are our ears and eyes. We know that our members adapt to get the work done. Trade Union health and safety representatives have always explored how workers perform their work to understand not only what’s working but what could go wrong.

Learning Teams

Learning teams involve a group of workers (or workers and management) familiar with a process or job who meet to share knowledge about the process focused on a specific task or question. The learning team process involves four phases (UAW-GM 2015):

- **The learning mode** – The team works through the work process in context of the specific task or question that is the focus of the team. The group creates a description of the work being done from the perspective of the workers. In the learning mode, there is only discovery and learning taking place.
- **Soak time** – The team takes a break (often overnight) to separate the learning mode from subsequent phases.
- **Problem solving and improvement** – The learning team reconvenes and reviews the initial description identified for the team. They discuss any additional items identified during the soak time. Then the group lists areas to improve the work processes, hazards to be addressed, how to reduce risk, and how to increase recoverability.
- **Communication & follow-up** – The results of the learning team are shared with others throughout the organization. Items identified during the improvement phase are tracked to completion by learning team members.

In the Trade Union approach to health and safety, the Unions have promoted the value of workplace health and safety committees and Union health and safety representatives to be the center of the overall health and safety process in their organization. In some applications of the New View, the safety committee or safety representatives have also become the center of the learning team process. The Union members from the safety committee or the safety representatives are trained as learning team facilitators and are actively involved in the learning teams taking place in their workplace. Not only do they facilitate the learning teams, but the Union selects the proper participants for the learning teams.

In USW represented workplaces, union safety committee members are sometimes trained to facilitate learning teams. An example of this is found with a USW local union in West Virginia. Each time a learning team is put into motion at least one of the safety committee members is involved with the selection of the participants and they facilitate the process. Not only are

these union members very good facilitators, but they also provide a conduit between the learning team, the safety committee and the local union. The USW local union in West Virginia expresses that learning teams have been greatly beneficial to their involvement with their members to address workplace health and safety concerns.

Conclusion

Not all Trade Union health and safety representatives are convinced yet of the value of the application of the New View of Health and Safety. Will this just be the next “flavor of the month,” only to transform down the line into something else? Will Unions have a real say in all aspects of a New View implementation. What role will New View play in solving important work organization concerns? More work needs to be done to ensure that the application of the New View is supportive of the Trade Union approach to health and safety. However, one way of looking at the Trade Union view of health and safety is that the New View isn’t so new to Trade Unions – unions have been promoting many of the same elements for years.

It is also important to remember that the New View of Health and Safety is not a replacement for all of the elements of a traditional, comprehensive health and safety system, but it is an addition to those elements. New view is not about complying with regulations better. In a workplace utilizing the New View, compliance with the legal requirements is a baseline and one of the foundations of their successful workplace health and safety management system. The New View should enhance and improve the traditional elements as well as adding new elements that recognize that workers and their Unions are the solution to health and safety, not the problem.

New view of safety reinforces that workers are not the problem in workplace health and safety, but they are the solution.